

**COMBINED DECLARATION AND POWER OF ATTORNEY**

ATTORNEY DOCKET NO

As a below named inventor, I/we hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our name. I/we believe I am/we are the original, first and sole/joint inventor/s of the subject matter which is claimed and for which a patent is sought on the invention entitled

**DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH MOSAIC SERINE PROTEASE (MSP)**

the specification of which is attached hereto,

or was filed on **October 2, 2004**

as a PCT Application Serial No. **PCT/EP2004/011015**

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims.

I/we acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim priority benefits under Title 35, United States Code, §119 and § 119(e)(1) of any foreign and/or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**03023809.1**

(Number)

**Europe**

(Country)

**October 17, 2003**

(Month/Day/Year Filed)

I/we hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

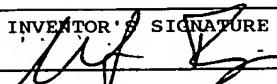
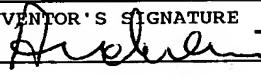
  

(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**BHC 03 1 007-US**

**POWER OF ATTORNEY:** And I/we hereby appoint, both jointly and severally, as my attorneys, all Banner & Witcoff, Ltd. attorneys indicated therein under PTO Customer Number #22907, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office.

Send Correspondence To: Banner & Witcoff, Ltd. PTO Customer Number #22907		Direct Telephone Calls To: (202)508-9100
FULL NAME OF SOLE OR FIRST INVENTOR GOLZ, Stefan		INVENTOR'S SIGNATURE 
RESIDENCE 45326 Essen, Germany		CITIZENSHIP German
POST OFFICE ADDRESS Bückmannsmühle 46, 45326 Essen, Germany		
FULL NAME OF SECOND INVENTOR BRÜGGEIMEIER, Ulf		INVENTOR'S SIGNATURE 
RESIDENCE 42799 Leichlingen, Germany		CITIZENSHIP German
POST OFFICE ADDRESS Leysiefen 20, 42799 Leichlingen, Germany		
FULL NAME OF THIRD INVENTOR GEERTS, Andreas		INVENTOR'S SIGNATURE 
RESIDENCE 42113 Wuppertal, Germany		CITIZENSHIP German
POST OFFICE ADDRESS Schuckertstrasse 29, 42113 Wuppertal, Germany		
FULL NAME OF FOURTH INVENTOR		INVENTOR'S SIGNATURE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF FIFTH INVENTOR		INVENTOR'S SIGNATURE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF SIXTH INVENTOR		INVENTOR'S SIGNATURE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH INVENTOR		INVENTOR'S SIGNATURE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		